

TO: DRAFTING DIVISION
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CPK-3, Room 915

(cross references)

INFORMATION

ID NO.

DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

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CS-66 IN. 5-12-60

INDEX OF CLAIMS

✓ Rejected N Non-elected
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Form PTO-436
(Rev. 5-99)

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
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